

U.S. ARMY ACCIDENT REPORT**INDEX B**

For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA

REQUIREMENTS CONTROL SYMBOL
CSOCS-308**1. DATE OF ACCIDENT (YYMMDD)**

2. TAB	Title	Encl	Not Appl	See Remarks
A	Statement of Reveiwing Officials (DA Form 285-O)			
B	U.S. Army Accident Report (DA Form 285)			
C	Findings and Recommendations			
D	Narrative of Accident			
E	Summary of Witness Interviews (DA Form 285-W)			

3. REMARKS**4. BOARD MEMBERS**

a. President (Name and Signature)	SSN		Address and Tel No.
	Grade	Br	
b. Recorder (Name and Signature)	SSN		Address and Tel No.
	Grade	Br	
c. Flight Surgeon (Name and Signature)	SSN		Address and Tel No.
	Grade	Br	
d. Instructor Pilot (Name and Signature)	SSN		Address and Tel No.
	Grade	Br	
e. Maint Officer (Name and Signature)	SSN		Address and Tel No.
	Grade	Br	
f. Other (Name and Signature)	SSN		Address and Tel No.
	Grade	Br	